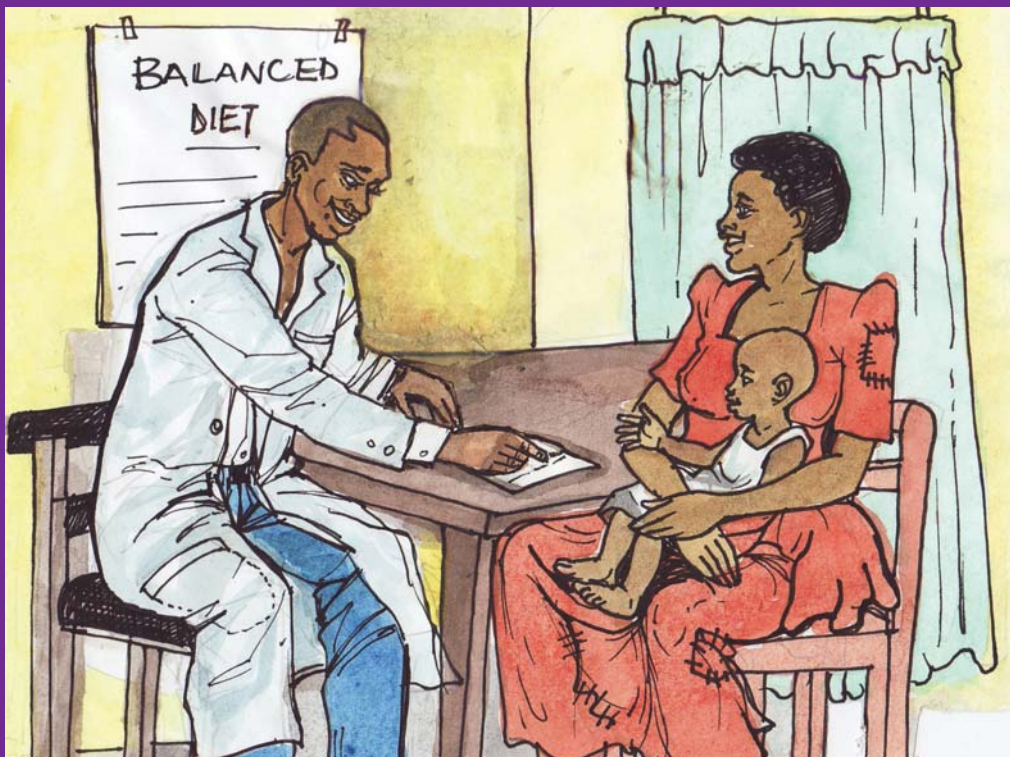


Improving Interactions With Patients

Part One



- Building rapport
- Active listening

The ACT PRIME Study

Infectious Disease Research Collaboration, Uganda.
ACT Consortium, London School of Hygiene & Tropical Medicine, UK.



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TRAINER BRIEF FOR PCS 01

From October 2009 until February 2010, the Infectious Disease Research Collaboration conducted research activities in Tororo District. We surveyed households, health workers and community medicine distributors, and talked to groups of community members and health workers to learn more about how health care is provided to sick children in this area, especially at health centres.

During this research, community members described poor relationships with health workers including feeling ignored and disrespected, or health workers operating with discrimination or harassment towards patients. This treatment affects the entire health centre visit for patients and creates a general dissatisfaction and anxiety towards interacting with health workers.

In addition, health workers themselves told us that they do not always have good interactions with patients because they are too busy and have too many patients to treat in the day. However, health workers also described that good quality care means to show courtesy to patients on arrival at the health centre. Receiving the patients, greeting them, providing them with a seat were important. Health workers described a need for mutual respect and cooperation between patients and health workers to ensure that patients felt well cared for, and willing to return to the health centre on subsequent illness episodes.

The **key learning outcomes** for PCS 01 are:

Topic	Learning Outcomes By the end of this module, participants will be able to...
Building Rapport	<ul style="list-style-type: none"> • Recognise the impact of non-verbal and verbal behaviour on the patient and consultation outcome. • Strengthen non-verbal and verbal skills in building rapport. • Recognise that we think of different people in different ways, and this affects how we behave towards them. • Understand that respect is a core value for how we can put patients at ease. • Strengthen skills to show respect to patients.
Active listening	<ul style="list-style-type: none"> • Strengthen skills in self-reflection. • Strengthen non-verbal and verbal skills in active listening. • Recognise the consequences of listening well, and less well, on the patient and consultation outcome. • Identify ways to listen actively in spite of busy work environments.

TRAINING AGENDA

PCS 01 will last 3 hours from start to finish.

Note to Trainer:

- Trainers, please use the table below to complete the start and end times for each training section using the 'Time Allocated' as a guide.
- Keep this agenda visible and as a guide to help you keep track of time.

Today's training will start at ____:____ Today's training will end by ____:____

Topics	Time Allocated	Start time	End time	Total time	Materials
Introduction to the module					
- Greetings & Review	5 minutes	_____	_____	15 minutes	Flip chart Markers Tape
- Training rationale and Learning outcomes	10 minutes	_____	_____		
TOPIC 1: Building Rapport					
- Introduction to the topic	10 minutes	_____	_____	55 minutes	Flip chart Markers Tape
- Thinking about the topic	10 minutes	_____	_____		
- Principles	10 minutes	_____	_____		
- Practice	15 minutes	_____	_____		
- Discussion	10 minutes	_____	_____		
Break				30 minutes	
TOPIC 2: Active Listening					
- Thinking about the topic	10 minutes	_____	_____	60 minutes	Flip chart Markers Tape
- Principles	15 minutes	_____	_____		
- Practice	20 minutes	_____	_____		
- Discussion	10 minutes	_____	_____		
- Planning	5 minutes	_____	_____		
Health Worker Self-Observation Activity # 2					
- Introduction	10 minutes	_____	_____	15 minutes	Flip chart Markers Tape
- Instructions for SOA #2	10 minutes	_____	_____		
Conclusion	5 minutes	_____	_____	5 minutes	Flip chart Markers
TOTAL	180 minutes or 3 hours				

INTRODUCTION TO THE MODULE



Time allocated: 15 minutes

Purpose: To welcome and orient the participants to the training and help them to understand what they can expect of the training and what will be expected of them as participants.

Learning Outcomes: By the end of this session, participants will:

- 1) Know the names of co-participants.
- 2) Know the name of the training leader.
- 3) Review a set of ground rules for the training.
- 4) Review the previous module's key learning points.
- 5) Know the learning outcomes and purpose of the module.

Materials required:

- Flip chart
- Markers
- Tape
- Ground rules pre-prepared flip chart

Training methods used:

- Group discussion
- Games



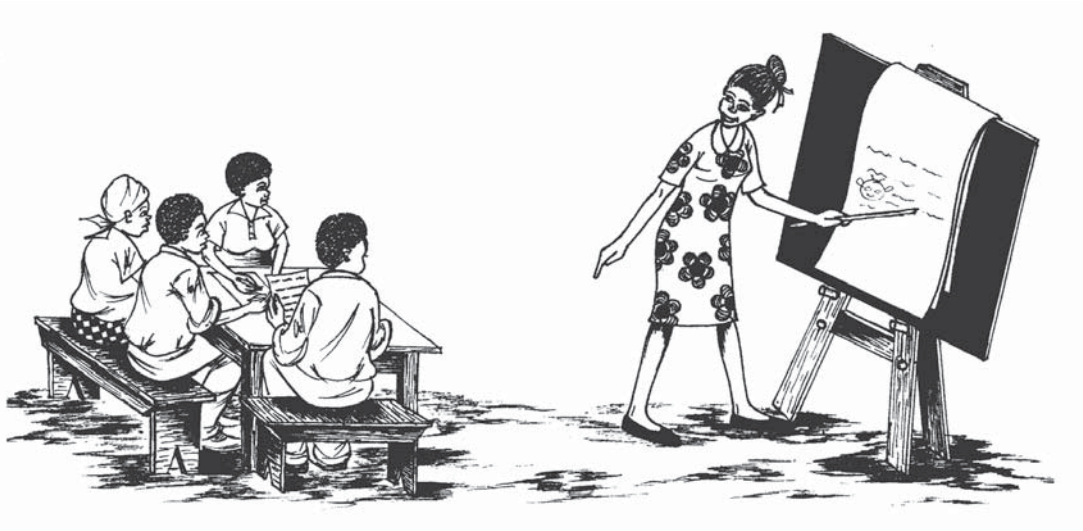
Page 7

Introduction

Preparation

To be completed before participants arrive:

- 1) Hang up a flip chart and arrange your manual and supplies.
- 2) Write on the flip chart: the name of the module, your name & the organisation you work with.
- 3) Ensure the room is swept & clean.
- 4) Ensure all the chairs are in a friendly well spaced and there are enough chairs for all the participants you are expecting.
- 5) Set the time you will start the training and complete the 'start' and 'end' times on the Training Agenda for each training section. Write the start and end times on the flip chart.
- 6) Hang up the 'Ground Rules' flip chart from PCS 00. If you do not have the flip chart or the ground rules, you may ask one of the participants to help you create the flip chart when he/she arrives – the participants should have the rules written in their Learner Manual.
- 7) Invite 2 participants who arrive early to volunteer to participate in the Activity A role play on page 14. Give them the scenario to read and brief them on the role play on page 11 in the learner manual.

**Room Set Up**

Introduction

1. Greetings & Review



5 minutes

Training Steps



Step 1: GREET:

With a friendly smile welcome all participants as they arrive. Give each person a name tag, learner manual and any supplies and ask them to take a seat anywhere they like.

Note to Trainer:

- Once all of the participants have arrived, or it is the scheduled time to start the training, begin with introductions as described below.



Step 2: EXPLAIN:

- My name is _____ and I work with the Uganda Malaria Surveillance Project/Infectious Diseases Research Collaboration (IDRC).
- I am going to be leading you today.



Step 3: ASK:

You will remember the ground rules we agreed upon last time – these are noted on the flip chart as a reminder.



Introduction

Step 4: REVIEW:

- We are going to start with an activity to recall what we covered together in the previous training. Please turn to page 8 of your manuals where there are review circles.
- We will move around the circle. Starting with the first circle, each person will read out one of the statements inside the review circles. You can choose any kind of voice – a deep voice, a singing voice – just be sure that you speak clearly so all can hear you! Please start by greeting the person beside you and saying their name of the person beside you, before reading the statement – this will remind us of each others' names.

Note to Trainer:

- Start the process by turning to the person beside you and saying her name.
- The process continues until all the review circles have been read.

Review Circles

Remember to appreciate that the patient is a whole person and that the role of health workers goes beyond giving medicine and health centres are organizations with their own culture.

The body contributes to making a good health worker. Each body part has an important role to play in providing Patient Centred Services.

Patient Centred Services are the services offered at a health centre that are focused on the patients well being at the centre.

In self-observation it is important to: Become aware, practice and share with colleagues.

Health workers need to prioritise all the ways a patient responds to care: thinking, feeling, behavioural and bodily reactions to care.

Self-observation includes observing one aspect of your communication, reflecting on what you observe, writing about your observations.

To observe yourselves means you look at your own communication with patients and colleagues, and at the effect of what you say.

2. Training rationale & learning outcomes



10 minutes

Training Steps



Step 1: INTRODUCE THE MODULE:

Note to Trainer:

- Use points from the Trainer Brief on page 2 to introduce the module and explain the rationale and purpose of this module. Similar information from the Trainer Brief is also included in the Learner Manual on page 4 for participants to review.



Step 2: EXPLAIN:

Our communication skills training to improve interactions with patients is divided into two sections and will be carried out over two modules:

- PCS 01
 - Building rapport
 - Active listening
- PCS 02
 - Asking good questions
 - Giving good information

For this training today, we will be concentrating on the first of these set of skills. We will ask you to share your experiences and reflections from your self-observation activities this week during today's training – I hope you will be ready to share!



Step 3: ASK:

The topics and learning outcomes for the module can be found in your Learner Manual on page 9 and are as follows:



Topic	Learning Outcomes By the end of this module, participants will be able to...
Building Rapport	<ul style="list-style-type: none"> • Recognise the impact of non-verbal and verbal behaviour on the patient and consultation outcome. • Strengthen non-verbal and verbal skills in building rapport. • Recognise that we think of different people in different ways, and this affects how we behave towards them. • Understand that respect is a core value for how we can put patients at ease. • Strengthen skills to show respect to patients.
Active listening	<ul style="list-style-type: none"> • Strengthen skills in self-reflection. • Strengthen non-verbal and verbal skills in active listening. • Recognise the consequences of listening well, and less well, on the patient and consultation outcome. • Identify ways to listen actively in spite of busy work environments.

**Step 4: ASK:**

Does anyone have any questions?

Note to Trainer:

- Receive any questions and answer them if you have time, otherwise write them on your parking lot flipchart and address them at the end.



TOPIC 1: BUILDING RAPPORT



Time allocated: 55 minutes

Purpose: To build the capacity of participants to build rapport with patients.

Learning Outcomes: By the end of this session, participants will:

- 1) Understand the relevance and value of rapport.
- 2) Recognise the impact of non-verbal and verbal behaviour on the patient and consultation outcome.
- 3) Strengthen non-verbal and verbal skills in building rapport.
- 4) Recognise that we think of different people in different ways, and this affects how we behave towards them.
- 5) Understand that respect is a core value for how we can put patients at ease.
- 6) Strengthen skills to show respect to patients.

Materials required:

- Flip chart
- Markers
- Tape

Training methods used:

- Games
- Buzzing
- Discussion
- Lecture
- Role Play



Page 11

1. Introduction to the Topic



10 minutes

Training Steps



Step 1: ASK:

- *As health workers we have to communicate with patients every day, but we may not be communicating as well as we can, in order to make our interactions with our patients useful and productive.*

Topic 1: Building Rapport

- *In this first module on communication, we are going to learn about how we receive patients and how we listen to them. We will learn how these two skills can improve our interactions with patients and improve how we feel about the work we do.*
- *Let's start with a role play to get us thinking about building rapport, which means building a good relationship with your patient, and how we listen to our patients.*

Step 2:**ACTIVITY A – Role Play with Trainer****Activity Steps****Preparation**

- 1) **PREPARE** for this role play in advance - at the start of the training whilst participants are still arriving.
- 2) **INVITE** 2 participants to play the roles: One as the patient (a small child) and one as a caretaker (mother). The participants will have the scenario (copied below) written in their Learner Manual, page 11.
- 3) **GIVE** them a couple of minutes to read it and to ask you any questions quietly.

Scenarios

Health Worker (your role as Trainer): Scenario, you are a rude health worker who ignores the patient (caretaker and child). You do not greet or welcome them. You simply grunt. You do not look them in the eye. You move to the child of the caretaker and pull the hands to look at the palms. You put the back of your hand to the forehead and grunt. You mime writing in an exercise book and hand it to the mother. You look down again at your desk.

Mother: You are a young mother with your first child. The child is very sick and you are very concerned. You have come to the health centre because you believe they will give you the best medicine. You want to ask the health worker what is wrong with the child because this is the third time the child has been sick in the last month with these same symptoms.

Child: You are very small- about 2 years old. You cannot talk and you feel very dizzy. You are afraid and so are staying close to your mother.

Timing

- Allow 2 minutes for the role play - you can cut it short once you have finished demonstrating the dismissive health worker.



Note to Trainer:

- Ask each question below one at a time and give participants time to answer each question.
- Write answers in the form of 'key words' on the flip chart.
- Encourage participants to write notes in their learner manuals on page 12 as you are writing on the flip chart.



Step 3: ASK:

For the participants who played the mother and child, how did that interaction make you feel?

- *What did the health worker do to make the patient feel this way?*
- *What are the consequences on the mother:*
 - *On her learning about what is wrong with her child?*
 - *On her ability to understand and remember advice she will be given?*
 - *On her willingness to come back to the clinic?*



Step 4: ASK:

What is the result you would want for this mother and child, after the consultation?

Note to Trainer:

- Allow participants to call out responses, for example, 'to know what to do to make the child better.'

MODEL PRACTICE



Step 5: EXPLAIN:

In pairs discuss how would you like the health worker to behave in order to get these results for the mother and child? Then practice in role plays together. Write your ideas down on page 13.



Note to Trainer:

- Move between groups and listen. Identify a pair that show the 'best practice' in good communication and ask them to demonstrate their role play to the group.
- This should help the participants to make a model of good practice in their mind. They can keep this as a 'goal' that they take away with them.

2. Thinking about the Topic



10 minutes

Training Steps



Step 1: ASK:

Think about someone who is dressed well, clean, and speaks English. How would you receive this person?

Note to Trainer:

- Divide the group into pairs to BUZZ
- Give participants 2 minutes to discuss with their partner.
- Encourage participants to note down their responses to prepare to feedback to the group on page 13.



Step 2: ASK:

Now, think of someone who has come from the field, is dirty, and looks very poor. How would you receive this person?

Note to Trainer:

- Give participants 2 minutes to buzz with their partner and to write their ideas on page 14.



Step 3: ASK:

Please give me feedback from your discussions as I write your ideas on the flip chart. You can write notes on page 14.

Note to Trainer:

Receive feedback from participants and record on a flip chart by writing 'rich person' and 'poor person' responses on two sides of the flip chart as follows:



3. Principles



10 minutes

Training Steps



Step 1: ASK:

Why do you think we behave differently towards these different patients?

Note to Trainer:

- Let the participants buzz in pairs for 2 minutes.
- Then, hold a discussion with the group about this question, to help them to think through why health workers sometimes behave like this. Refer participants to end of page 14 in their manuals.



Step 2: EXPLAIN:

Sometimes we behave differently towards different people because we make judgements about people. These judgements affect how we behave towards others, including our patients, more junior colleagues, and more senior colleagues.

We as health workers have training and skills to do our jobs which can make us feel 'better' than some of our patients. We feel 'higher' than them, and sometimes we show this to them in the way that we behave.

Note to Trainer:

- Use your hands to show that the health worker is high, and patients are low, in the current system.



Step 3: ASK:

How would you like health workers to behave?



Step 4: EXPLAIN:

You have already shown your goals for helping patients get good results out of their consultations. For all patients to get good results, we have to treat all patients equally. So, as health workers, we need to work towards having an equal approach to patients. The Number One way to show equality is through respect.

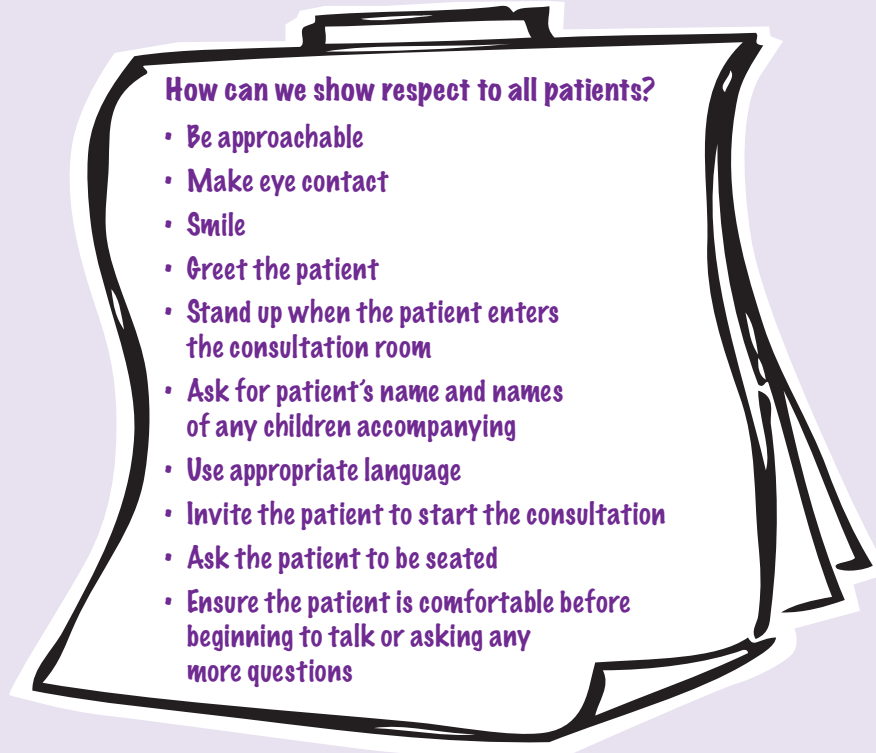
Topic 1: Building Rapport

**Step 5: ASK:**

How can we show respect when receiving patients from different backgrounds?

Note to Trainer:

- Write responses from participants on the flip chart. Use the following as guidance if the group is stuck:
- Refer participants to page 15 in their manuals.

**Step 6: EXPLAIN:****Giving constructive feedback**

- *We are going to practice these skills with each other. But before we begin, let's think about how we can help each other learn how to improve our skills.*
- *We can help each other by providing 'constructive feedback'.*
- *Constructive feedback means helping someone to find a way to do what they are doing better.*
- *The suggestion you give to your partner should not just be negative, like 'you didn't give any eye contact', but giving an idea for improvement, like 'you might come across better if you made more eye contact.'*

Topic 1: Building Rapport

4. Practice



15 minutes

Training Steps



Step 1: EXPLAIN:

You will be practicing building rapport with the person sitting next to you.

Step 2

ACTIVITY B – Role Play



Activity Steps

Preparation

- 1) **ASSIGN** roles to participants by appointing each person to 'number 1' or 'number 2' by going around the circle of the group.
- 2) Participants should remain in their seats for the practice. Refer them to page 16 in their manuals.
- 3) **EXPLAIN** to participants:
 - All 'number 1s' are sick patients that have come to see the health worker very late in their illness and they are scared of being in trouble with the health worker.
 - All 'number 2s' are health workers and are practicing their rapport building skills.
 - When the trainer says 'START' the health workers have less than one minute to build rapport, then the trainer will call out 'STOP'.

Role Play

Now you are ready to start the activity

- 4) **CALL** START. Time one minute. Call STOP.
- 5) **ASK** participants to give their partner 3 pieces of constructive feedback remembering to give an idea for improvement by changing 'negatives' into 'ways to improve'.
- 6) **ASK** participants to take notes in their manuals.
- 7) **ASK** participants to switch roles so that 'number 1s' play the role of health workers and 'number 2s' play the role of scare, sick patients.
- 8) **CALL** START, Time one minute. Call STOP.
- 9) **ASK** participants to give their partner 3 pieces of constructive feedback remembering to give an idea for improvement by changing 'negatives' into 'ways to improve'.

5. Discussion



10 minutes

Training Steps



Step 1: ASK:

What are the benefits to us as health workers if we are able to establish good rapport and have a good quality interaction?

Note to trainer:

Refer participants to page 16 in their manuals.

Sample response from the participants might include:

Sample responses from participants might include:

- **Makes me feel better**
- **I give a better diagnosis**
- **My day is more enjoyable**
- **I get a good reputation**
- **It makes others around me happy**



Step 2: ASK:

Research has shown how long it takes to build rapport! How long do you think it takes?

Step 3

ACTIVITY C – Energiser



Activity Steps

1. **GIVE** everyone a piece of paper.
2. **ASK** everyone to write a number of seconds or minutes that they think it takes to build rapport with a patient.
3. **CHOOSE** the person to your right to start.
4. **ASK** everyone to jump up and shout the number they have written on their paper and to remain standing and hold the paper up so that all can see the number!
5. **IDENTIFY** the participant with the number, closest to 40 seconds and ask everyone to jump 40 times as an energizer!
6. **ASK** everyone to return to their seats.

Topic 1: Building Rapport**Step 4: EXPLAIN:**

- *Did you know that research has shown that on average it only takes about 40 seconds to build rapport effectively?*
- *It is important to remember though; it takes time to learn to establish rapport, so at first it may take longer. With experience, you will be able to do this quickly, and get better results for the patient and for you.*

**Step 5: ASK:**

What did you learn in that practice that you will be able to do when your health centre is very busy?

Note to Trainer:

- Let participants discuss a few minutes in pairs what they learnt, then facilitate a discussion where the following points (and others) may come out.
- It doesn't take long to establish rapport once you know how to do it.
- A few things like smiling, making eye contact and asking the patients name doesn't take a long time to do.
- Refer participants to page 17 to write their ideas.

**Step 6: EXPLAIN:**

Now that we know why and how to receive a patient with respect and equality, we will think about how we listen to patients in the consultation.

**Summary Box – Building Rapport**

For reference for trainers and learners

- Reflecting on the experience of a patient through role play gets us thinking about building rapport, which means building a good relationship with a patient, and helps us to recognise the skills that help us to listen to our patients.
- Health workers sometimes behave differently towards different people because they make judgements about people.
- Health workers need to work towards having an equal approach to patients. The Number One way to show equality is through respect.

Other ways include:

- Be approachable
- Make eye contact
- Smile
- Greet the patient
- Stand up when the patient enters the consultation room
- Use appropriate language
- Invite the patient to start the consultation
- Ask the patient to be seated
- Ensure the patient is comfortable before beginning to talk or asking any more questions.
- Ask for patient's name and names of any children accompanying

What are the benefits to us as health workers if we are able to establish good rapport and have a good quality interaction?

- Makes me feel better
- I give a better diagnosis
- My day is more enjoyable
- I get a good reputation
- It makes others around me happy

It takes only 40 seconds to build rapport.

TOPIC 2: ACTIVE LISTENING



Time allocated: 60 minutes

Purpose: To introduce the key communication skill of active listening.

Learning Outcomes: By the end of this session, participants will:

- 1) Strengthen skills in self-reflection.
- 2) Strengthen non-verbal and verbal skills in active listening.
- 3) Recognise the consequences of listening well, and less well, on the patient and consultation outcome.
- 4) Identify ways to listen actively in spite of busy work environments.

Materials required:

- Flip chart
- Markers
- Tape

Training methods used:

- Discussion
- Lecture
- Role Play

Page 19



1. Thinking about the Topic



10 minutes

Training Steps



Step 1: EXPLAIN:

- *Let's look back and discuss the Self-Observation Activity on 'How do you listen?'*
- *Let's discuss how your observations went, what you experienced and what you found out about yourself.*
- *For this activity you had to complete three steps to help you understand how you listen to others. Turn to page 19 in your manuals.*



Note to Trainer:

- Remind participants about what they learned last week and read in their Self-Observation Activity sheet about discussing with colleagues and giving constructive feedback.

Topic 2: Active Listening

The three steps you were asked to complete were:

Step 1 – *How do you listen: What did you find yourself doing? How did it make you feel?*

Step 2 – *What were the consequences?*

For example, how did listening influence what others told you? How did it influence the quality of your communication?

Step 3 – *What did you learn about how your moods affect how you listen?*

We will use your observations from these three steps during the rest of the module, but first, can anyone tell me one thing that you learned from your self-observations?

Note to Trainer:

- Take one example and then ask the participants to share one thing with the person next to them. Take one more example from the group and move on.
- It is important that you encourage the participants to share their observations with each other: we want them to continue to do this in their daily work.

2. Principles

15 minutes

Training Steps**Step 1: EXPLAIN:**

- *Active listening is an essential basic skill in good communication.*
- *Active listening means to give someone your full attention and try to understand what the person means to say – from their perspective, without judging them.*
- *This means you have to set your own opinions aside for a while.*
- *We show we are listening actively by what we say and what we do.*
- *We call this verbal communication (what we say) and non-verbal communication (what we do). Today we will discuss each of these skills.*

Topic 2: Active Listening

Verbal Communication



Step 2: ASK:

From Step 1 of the self-observation activity, can someone give us a demonstration of how they showed a patient they were actively listening?

Note to Trainer:

- Ask the volunteer to come to the front with another volunteer to act as the patient, and replay one of their own consultations.



Step 3: ASK:

Please comment on what was SAID that showed the volunteer was actively listening.

Note to Trainer:

- Record responses on a flip chart under a heading: 'Verbal Communication'.
- If participants start repeating what is already written on the flip chart, place a 'tick' next to the recorded answer rather than writing the same answer again.
- Refer participants to page 21 of their manuals.



Step 4: EXPLAIN:

Possible answers:

- *Use open questions*
- *Probe to understand more about their concerns and situation*
- *Check that you have understood what the patient is telling you*
 - *You can check whether you have understood the patient by asking:*
 - *'Do I understand you rightly to say...?'*
 - *'What you are saying, does this mean..?'*
 - *'I hear you saying that ... have I heard you right?'*
 - *You can interrupt, if you do it nicely /gently, with the purpose of understanding better.*

**Step 5: ASK:**

What did the volunteer just show us, without using words that showed she was actively listening to the patient?

Note to Trainer:

- Record these on the flip chart, with a heading 'Non-verbal communication.'

Possible answers:

- **Open body, facing the patient, arms uncrossed.**
- **Eye contact – most of the time (try not to always be looking at your watch, paper or other objects on your desk; when writing notes, try to pause from writing to look up at the patient).**
- **Smile.**
- **Attitude – sometimes non-verbal communication involves this**
 - **Accept and value what the person says.**
 - **Focus on the patient – give your full attention.**
 - **Set your own prejudices aside.**
 - **Use a welcoming and warm tone of voice (you can still be straightforward and clear, but in a friendly or neutral way, not harsh or aggressive).**
 - **Using the corner of the desk for a consultation (rather than having the patient sit on the opposite side of the desk from you).**



Step 6: ASK:

Can anyone demonstrate negative non-verbal communication - how do you show that you are NOT listening?

Note to Trainer:

- Allow a few demonstrations – this may provide an opportunity for the group to laugh and reveal some practices that they actually do themselves.

Non Verbal Communication



Step 7: ASK:

What is non-verbal communication?

Note to Trainer:

- Receive some answers from the group and then summarize as below.
- *Non-verbal communication is HOW we communicate with others using our gestures, tone of voice, body language and positioning, facial expressions, eye contact.*
- *Nonverbal communication accounts for about 70% of the communication in an interaction. This has been documented through research. This means that what we DO has more effect on the person than what we SAY. Many people are unaware of this.*



Verbal Communication

30%

Non Verbal Communication

70%

- Gestures
- Tone of voice
- Body language



Topic 2: Active Listening

**Step 8: EXPLAIN:**

- As you have already observed, there are some very simple non-verbal communication skills we can use to show our patients that we are listening to them and that we appreciate what they are saying.
- When you use your positive non-verbal skills with awareness, the effect on the patient is usually very good:
 - The patient feels you see her as a person, she is taken seriously, and thus – she will feel free to tell you her problem, and to listen to your advice, and follow it.
- These skills are demonstrated in your Learner Manual in the form of pictures. Turn to the pictures on page 23 in your Learner Manual.

**Step 9: ASK:**

What do you see in these pictures that shows good communication or things we would like to avoid?

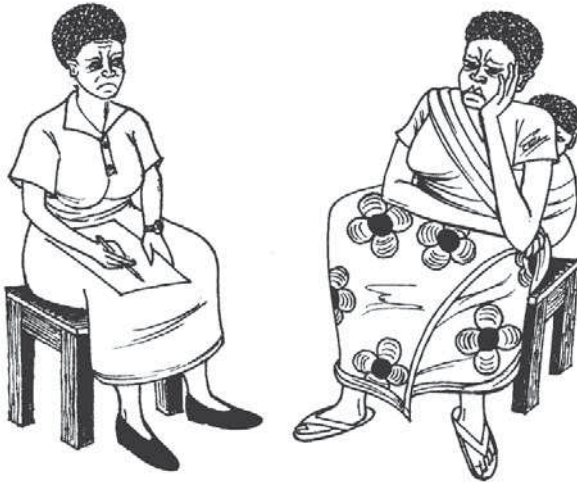
Note to Trainer:

- Go through each of the pictures and ask participants to call out the 'good' or 'not so good' communication skills in each.
- Ask participants to write answers on pages 23 and 24 of their Learner Manual.

**Picture 1****Possible answers:**

- Health worker is facing the patient, arms and legs are uncrossed.
- Friendly smile and eyes.
- Eye contact.
- Approachable – comfortable distance between patient and health worker.
- The health worker is writing but also appears to be paying attention.
- The patient appears to be giving a full response.

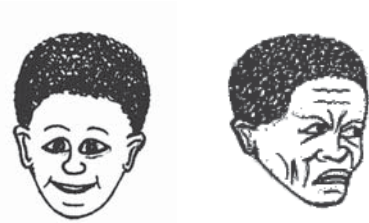
Picture 2



• Possible answers:

- Health worker looks moody or in a bad mood.
- She is writing while the patient is talking without making eye contact.
- The baby (possibly the patient) can not be seen by the health worker so how is she treating her?
- The patient appears bored or upset.

Picture 3



• Possible answers:

- Open friendly eyes, smiling, calm, facing the patient.

• Possible answers:

- Angry, scary, upset, no eye contact, frowning.

Step 10: EXPLAIN:



Now let's practice these skills together.



3. Practice

20 minutes

Training Steps

Step 1

ACTIVITY D – Role Play



Activity Steps

Preparation

- 1) **DIVIDE** participants: Ask participants to divide into groups of three. In the groups of three, one person is the health worker, one person is the patient, and one person is the observer. Participants will have the opportunity to play two roles this time. Refer participants to page 25 of their manuals.
- 2) **EXPLAIN** to participants: In this role play, the observer will watch the interaction between the patient and the health worker and give feedback on how the skills were put into use. Remind participants about the ground rules and providing constructive feedback, referring to the page in their manuals from the last module.

Scenarios

Scenario for the role play:

- 3) **ASK** the participant to read their role in the scenario in preparation.
 - **Patient:** you are an elderly patient who is a traditional leader in the village. You have a back problem, headaches and joint pains and you are having strange dreams.
 - **Health worker:** you are very busy in the health centre and have already seen 15 patients today. However, you are trying to do a good job and put into practice your active listening skills, by using non-verbal communication and checking that you have understood the patient.
 - **Observer:** you are a 'fly on the wall'. Position yourself near to the health worker and make notes in your notebook on what he is doing well, and what he or she might to do improve. Particularly focus on active listening skills and the consequences of the health worker's behaviour on the patient.

Note to Trainer:

- After 3 minutes, ask the participants to STOP the role play and to give feedback in their small groups about how it went and write their ideas on page 25 and 26.





Step 2: ASK:

- *Can those who played the 'Health Worker' give some feedback? What was it like to try to put these skills into practice?*
- *Can those who played the 'patients' give feedback? How did you feel in the role play, what was good and what could be improved?*
- *Can those who were the observers provide some constructive feedback on any further points you thought were important.*

Note to Trainer:

- Allow 2 minutes for feedback in the small groups.
- Move between the groups, listening and picking up examples to share with the whole group in the discussion later.
- Choose examples that build on the positive behaviours of each of the group members - you can note these down so that you show you have really listened and observed to what they were saying and doing.
- People learn best if examples are from their own experiences.
- Ask the groups to rotate roles once. They can use the same patient scenario or create their own. The health worker and observer scenarios should remain the same.
- Remember to instruct participants when to 'START', give three minutes, then 'STOP'.
- Try to spend a maximum of 5 minutes on each role play and discussion.

4. Discussion



10 minutes

Training Steps



Step 1: EXPLAIN:

In this role play, we learned how to use our active listening skills including both verbal and non-verbal communication.

Skills learned, and to improve



Step 2: ASK:

Please share with the group one thing you each felt you did well, and one thing you would like to improve in your listening skills. Please write these skills you would like to strengthen in your Learner Manual on page 26 for your own reference over the next weeks.



Note to Trainer:

Examples might include:

- Show interest, both verbally and nonverbally
- Accept and value what the person says
- Use open questions
- Focus on the patient – give my full attention
- Communicate positive feelings non-verbally, such as smiling
- Set my own prejudices aside
- Check that I have understood what the patient is telling me

Consequences of active listening



Step 3: EXPLAIN:

When we actively listen to patients, the information they provide is different. Think about this role play and what you learned during your Self-Observation Task about the consequences of how you listened to patients.



Step 4: ASK:

How does active listening affect those you are listening to, and how does it affect you?



Note to Trainer:

- Write responses on a flip chart with 'How it affects others' on the left hand side and 'How it affects me' on the right hand side.
- Sample answers might include:
- Refer participants to page 27 of their manuals.
- If participants are struggling to give responses, ask open probing questions, such as:
 - 'How does it affect how the other person feels?'
 - 'How does it affect what the other person will say?'
 - 'How does it affect how you feel?'



5. Planning



5 minutes

Training Steps



Step 1: EXPLAIN:

- So now we have learned that both building rapport and active listening has a good effect on both patients and ourselves.
- Now let's think about how we will be able to use our active listening skills in our every day work.
- In Step 3 of the Self-Observation Activity you were asked to look at 'how your moods affect how you listen.' You may have found that you were a better listener when you were in a good mood, or when others were in a good mood. Establishing rapport helps put you and others in a good mood, and provides a good basis for constructive communication.



Step 2: ASK:

What else can you do at the health centre to help you put your skills in to practice?

Note to Trainer:

- Divide the group into groups of 3-4
- Explain: Use the table in your manual on page 28 to help you to make a plan using and practicing active listening.

Below are some examples that may be mentioned in feedback from the groups.



How will I continue to use my communication skills	How to help others use their skills
<ul style="list-style-type: none"> • Notice the good effect when I communicate well, with awareness • Catch myself when I am judging others, take a step back, and change my perspective • Remember to see the 'whole person' • Continue making self-observation notes • Use my 'imaginary friend' to help me • Put up posters of 'active listening' to remind me of my skills • Discuss with my colleagues how using the skills affect our work 	<ul style="list-style-type: none"> • Give constructive feedback • Listen actively to them • Discuss 'difficult patients' and find new ways of building rapport and listening



Summary Box – Active Listening

For reference for trainers and learners

- Active listening - is essential basic skill in good communication.
- Active listening requires full attention and an understanding of what the person means to say – from their perspective, without judging them.
- Health workers show they are listening actively by what they say and do.
- There are two important ways to communicate: Verbal communication (what we say) and non-verbal communication (what we do).
- **Verbal Communication - How to do it:**
 - Use open questions
 - Probe to understand more
 - Check that you have understood
- **Non-verbal communication - How to do it:**
 - Open body, facing the patient, arms uncrossed.
 - Eye contact
 - Smile
 - Attitude
 - Accept and value what the person says
 - Focus on the patient – give your full attention
 - Set your own prejudices aside
 - Use a welcoming and warm tone of voice
- Consequences of active listening:

How it affects others	How it affects me
<ul style="list-style-type: none"> • They give more information about their illness • They are more open • They are nicer • They are less scared • They feel more respected and valued 	<ul style="list-style-type: none"> • I give a better diagnosis from the better information • I feel good because of the positive interaction • My day is more enjoyable • I get a good reputation • I feel more professional

SELF-OBSERVATION ACTIVITY #2: HOW DO YOU ASK GOOD QUESTIONS



Total Time: 20 minutes

Purpose: Introduce and review the self-observation activity.

Learning Outcomes: By the end of this session, participants will:

- 1) Strengthen skills in self-reflection.
- 2) Understand the self-observation activity steps planned for the next week.

Materials required:

- Flip Chart
- Markers
- Tape

Training Methods used:

- Trainer Explanation

Page 31



1. Introduction



5 minutes

Training Steps



Step 1: EXPLAIN:

- *Last week you looked at how you listen in different situations.*
- *You saw what happened to the communication when you listened in different ways, and how your listening was also affected by your moods.*

For example, when listening to others:

- *Do you try to really listen to find out what their ideas are, or are you more concerned about getting the other person to listen to your opinion and ideas?*
- *Or do you do a bit of both?*
- *Do you decide when to do what, or does it happen automatically?*
- *This week we will focus on the 'the companion skill' to listening – asking questions.*
- *These two skills – listening and asking – are what you use most in your work. If you practice these skills well, with awareness, it will make a difference to the quality of your work.*

Self-Observation Activity #2: How do you ask good questions

**Note to Trainer:**

- Participants will have this SOA in their manuals page 33 to follow through the week. Go through this with them, concentrating on the introduction and then outline each of the steps in the activity.
- Ask if anyone has any questions.



Carrying out the self-observation activity

There are 3 Steps for this self-observation activity which you can complete over this week as follows:

Self-Observation Step 1

- How do you ask questions to patients? 2 days

Self-Observation Step 2

- How do you interact and discuss with colleagues? 2 days

Self-Observation Step 3

- Staying aware and making changes Continued

Remember these tips for carrying out your observations:

- Carry this page of instructions in a notebook.
- When you plan your workday, plot in one or two times or situations when you know you will be interacting with patients or others, and plan to observe yourself.
- Before the consultation/meeting, read the instructions again to remind yourself what you are looking for.
- Try to be aware during the meeting or conversation how you behave regarding the habit you are observing.
- After the meeting/event, reflect on what you have observed in your own behaviour, and make a few notes in your notebook.



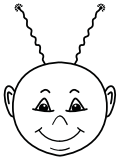
Keep your friend with you to help with your self-observations.

Self-Observation Step 1: How do you ask questions to patients

Asking questions to patients is an important part of your interaction with them. How you ask (and how you listen) will very often determine the answers you get. When you become aware of your asking habits and the response your questions usually get from patients, you can take steps to ask in more effective ways. Here are some ways to help you to see how you are asking questions of your colleagues.

Start the week by observing what kinds of questions you ask during patient consultations. Do you:

- Ask closed questions (to be answered by yes or no) to quickly 'get to the point' of the patient's problem?
- Ask open-ended questions to find out more about what the patient is thinking about his/her problem?
- Give comments on what the patient says, showing whether you think of the patient's information as important, not important, right or wrong?
- Any other pattern?
- Are my questions automatic, or do I think carefully about what to ask?



Self-Observation Activity #2: How do you ask good questions

Continue to observe how you ask questions to patients as often as possible.

After a few patient consultations, take some moments to ask yourself:

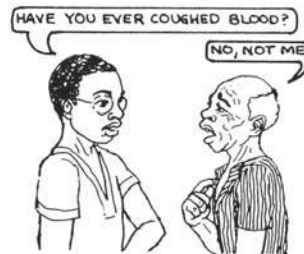
- **What are the results of asking questions in different ways?**
 - Which questions did I ask that helped the patient to open up and give me information freely?
 - Which questions did I ask that helped me to get a true picture of the patient's situation, and helped me to make a good diagnosis?
 - What kinds of questions did I ask that seemed to force the patient to just agree with me?

Make notes in your notebook about what kinds of questions you ask, and about the **effect** of asking questions in different ways.

A leading question...



A more open question...



A more open question...



A leading question...





Self-Observation Step 2: How do you interact, ask questions of and discuss with colleagues?

In a discussion with colleagues, how do you listen, and how do you ask questions? Are your discussions useful and respectful exchanges of information, or – do you mainly make sure your own opinions and ideas are clear to the other person? The way you ask questions is an important key to answer this question.

Observe what happens during a discussion with a colleague. Pay attention to how you respond to what she/he says, and to how you ask questions.

Do you:

- Respond (automatically) to his/her statements with your own opinion?
- Ask questions to find out more about what the person is thinking?
- Ask questions that are open-ended and get more information from others?
- Ask closed questions to invite (or force?) your colleague to confirm your ideas or opinions (by responding with only 'yes' or 'no' answers)?

Ask yourself: *Are my questions automatic, or do I think carefully about what to ask?*

Make notes in your notebook about when and how you use the different ways of asking questions, and how you feel at the conclusion of such interactions.

Continue to observe how you ask questions to colleagues as often as possible.

When you are familiar with looking at how you ask questions, add another topic to your observations: **What is the effect of asking questions in different ways?**

- How does it affect:
 - 1) My own feelings?
 - 2) Other persons' feelings?
 - 3) The understanding of each others' ideas?
 - 4) The respect between us?

Make notes in your notebook about the effect of asking questions in different ways, and your reflections on this. Add an example from a discussion, if possible.





Step 3: Staying aware and making changes

Over the next few days, look at your notes from Steps 1 and 2 to understand more about how you ask questions. Continue to observe, and now add the reflections on how you can continue to learn, and make changes on what you have learnt already.

Reflect on the discussions with colleagues or consultation with patients and ask yourself:

- Did I ask questions automatically, or did I decide with awareness which question to ask? Why?
- Did I look at how the colleague or patient felt before deciding what question to ask?
- Are there times I am more likely to ask closed questions that only invite a 'yes' or 'no' answer?
- What is the effect of my mood on how I ask questions?

As you continue to observe your interactions with patients and colleagues, keep these questions in mind. Write down answers to these questions in your notebook.

Do you see a pattern in how you ask questions?

- Is there a way you are asking questions that seems to function well?
- Are there ways that do not give you information?

Finally, make 'a picture in your head' of how you want others to see you.

With patients: Behave with awareness in a way to achieve this, and observe how you feel when you behave this way.

Also observe how the patients behave, and how they feel. Reflect on the outcome for the principles of 'patient centred services'.

With colleagues: Make a 'picture' of how you want them to see you. Behave accordingly, and reflect on the outcome.

Make notes in your notebook to share with your colleagues at the next PCS training module.



CONCLUSION



Total Time: 5 minutes

Purpose: To close the PCS 01 training and receive any questions or address any questions in the parking lot.

Materials required:

- Flip Chart
- Markers
- Tape

Training Methods used:

- Trainer Explanation

Page 37



5 minutes



Training Steps



Step 1: EXPLAIN:

This is now the end of the session and an opportunity for you to ask any questions and for me to answer any questions in the parking lot.



Step 2: ASK:

Does anyone have any comments or questions about what we have covered today? Please comment on what you think helped you learn well, and which points may still be unclear.

Note to Trainer:

- Make a note of any suggestions or queries in your manual and follow up on these for the next module where possible.
- Address any new questions.
- Answer any questions still waiting in the parking lot.



Step 3: EXPLAIN:

- *Thank you for participating today!*
- *Sharing your experience and insight has been very helpful and informative. Please use the Learner's Manual regularly to review what you have learned.*
- *Discuss any challenges with your colleagues; they will be most helpful for finding solutions to problems and challenges at your health centre. Goodbye.*

The ACT PRIME Study

Infectious Disease Research Collaboration, Uganda.
ACT Consortium, London School of Hygiene & Tropical Medicine, UK.

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